
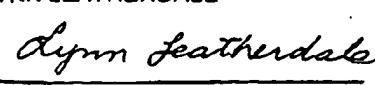


| | | | | | | | | | | | | | |
|--|------------------------------|--------------------------------|-----------------------|-----------------------------|--------------------------|---|--|--------|--|--|--|--|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Small Entity) | | | | Docket No. 84215-402 ADB | | | | | | | | | |
| In Re Application Of: David Brault et al | | | | | | | | | | | | | |
| Application No. 10/616,298 | Filing Date July 10, 2003 | Examiner Jeffrey L. Gellner | Customer No. 23529 | Group Art Unit 3643 | Confirmation No. 1617 | | | | | | | | |
| Invention: CLIMATE CONTROL FOR A GREENHOUSE | | | | | | | | | | | | | |
| <u>COMMISSIONER FOR PATENTS:</u> | | | | | | | | | | | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>September 15, 2004</u> in the above-identified application. Date | | | | | | | | | | | | | |
| The requested extension is as follows (check time period desired): <input checked="" type="checkbox"/> One month <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months from: <u>October 15, 2004</u> until: <u>November 15, 2004</u> Date Date | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | | | | | | | | | |
| The fee for the extension of time is \$55 and is to be paid as follows: | | | | | | | | | | | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 01-0310 <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 01-0310 <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | |
| Signature  Adrian D. Battison Registration No: 31,726 | | | | | Dated: November 15, 2004 | | | | | | | | |
| /s/ CERTIFICATION OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office. 11/24/2004 DBN/PS 000000 010310 161708 01 FC:2251 Fax No: (703) 272-9308, on November 15, 2004 LYNN LEATHERDALE cc:  | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 (37 CFR 1.8(a)) on</td> </tr> <tr> <td style="width: 50%; padding: 5px;">(Date)</td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table> | | | | | | I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 (37 CFR 1.8(a)) on | | (Date) | | Signature of Person Mailing Correspondence | | Typed or Printed Name of Person Mailing Correspondence | |
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| (Date) | | | | | | | | | | | | | |
| Signature of Person Mailing Correspondence | | | | | | | | | | | | | |
| Typed or Printed Name of Person Mailing Correspondence | | | | | | | | | | | | | |

P123MALLREV07

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|---|--------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | minus 20= | * |
| INDEPENDENT CLAIMS | minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

11/15/4

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * 45 | Minus | ** 45 | = — |
| | Independent | * 3 | Minus | *** 3 | = — |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 370.00 |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 740.00 |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL | |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

(Column 1) (Column 2) (Column 3)

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

(Column 1) (Column 2) (Column 3)

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.